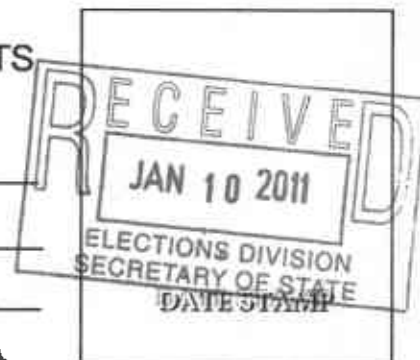


Political Committee  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Judicial Election

Name of Committee Committee to Elect Kelly Mims  
 Address P.O. Box 1037 Tupelo, MS 38902  
 Telephone 769/610-3188 Fax \_\_\_\_\_  
 Treasurer Don O. Gleason Email James@BlueDotGroup.Com



☐ Check here if above is different from previous report

**TYPE OF REPORT**

\_\_\_\_ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory  
 \_\_\_\_ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory  
 \_\_\_\_ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory  
 \_\_\_\_ October 8, 2010 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory  
 \_\_\_\_ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory  
 \_\_\_\_ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates  
 / January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory  
 / Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 17,500 + \$ 2,575	\$ 20,075	\$ 55,550 -
Total amount of disbursements	\$ 17,058 <sup>90</sup> + \$ 5,686 <sup>65</sup>	\$ 22,745 <sup>55</sup>	\$ 55,550 -
Total amount of cash on hand		\$ 0	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

James  
Signature of Director or Treasurer

1/10/11  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39206 or fax to 601-353-1499 or 601-578-2619.  
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Committee to Elect Kelly Mims  
 Reporting period October 1 through Dec 31 (Terminating)

## ITEMIZED DISBURSEMENTS

A. Full name <u>Blue Dot Group</u>	Date (Mo., Day, Year) <u>10/1/10</u>	Amount of each disbursement this period \$ <u>1500</u>
Mailing Address	<u>10/1/10</u>	\$ <u>1500</u>
City, State, Zip Code <u>Jackson, MS</u>	<u>10/20/10</u>	\$ <u>1,000</u>
Purpose of Disbursement (Optional) <u>Consulting</u>	Aggregate Year-to-date	\$ <u>20,660<sup>93</sup></u>
B. Full name <u>WTVB</u>	Date (Mo., Day, Year) <u>10/1/10</u>	Amount of each disbursement this period \$ <u>4279<sup>75</sup></u>
Mailing Address	<u>10/1/10</u>	\$ <u>4279<sup>75</sup></u>
City, State, Zip Code <u>Tupelo, MS</u>	<u>10/15/10</u>	\$ <u>300 -</u>
Purpose of Disbursement (Optional) <u>TV Advertising / Production Expenses</u>	Aggregate Year-to-date	\$ <u>6,976<sup>75</sup></u>
C. Full name <u>Sprint Print</u>	Date (Mo., Day, Year) <u>10/6/10</u>	Amount of each disbursement this period \$ <u>224<sup>15</sup></u>
Mailing Address	<u>10/6/10</u>	\$ <u>224<sup>15</sup></u>
City, State, Zip Code <u>Tupelo, MS</u>	<u>1/1/10</u>	\$ <u>224<sup>15</sup></u>
Purpose of Disbursement (Optional) <u>Printing</u>	Aggregate Year-to-date	\$ <u>224<sup>15</sup></u>
D. Full name <u>Comcast Cable</u>	Date (Mo., Day, Year) <u>10/20/10</u>	Amount of each disbursement this period \$ <u>1105 -</u>
Mailing Address	<u>10/20/10</u>	\$ <u>1105 -</u>
City, State, Zip Code <u>Tupelo, MS</u>	<u>1/1/10</u>	\$ <u>1105 -</u>
Purpose of Disbursement (Optional) <u>TV Advertising</u>	Aggregate Year-to-date	\$ <u>1105 -</u>
E. Full name <u>NEMS Daily Journal</u>	Date (Mo., Day, Year) <u>10/20/10</u>	Amount of each disbursement this period \$ <u>400 -</u>
Mailing Address	<u>10/20/10</u>	\$ <u>400 -</u>
City, State, Zip Code	<u>1/1/10</u>	\$ <u>400 -</u>
Purpose of Disbursement (Optional) <u>Print Advertising</u>	Aggregate Year-to-date	\$ <u>400 -</u>
F. Full name <u>Tele South</u>	Date (Mo., Day, Year) <u>1/1/10</u>	Amount of each disbursement this period \$ <u>250 -</u>
Mailing Address	<u>1/1/10</u>	\$ <u>250 -</u>
City, State, Zip Code <u>Tupelo, MS</u>	<u>1/1/10</u>	\$ <u>250 -</u>
Purpose of Disbursement (Optional) <u>Radio Advertising</u>	Aggregate Year-to-date	\$ <u>250 -</u>

Name of Candidate or Committee Committee to Elect Kelly Minis  
 Reporting period October 1 through Dec 31 (Terminating)

## ITEMIZED DISBURSEMENTS

A. Full name <u>WTVA</u>	Date (Mo., Day, Year) <u>10/21/10</u>	Amount of each disbursement this period \$ <u>2000</u>
Mailing Address		
City, State, Zip Code <u>Tupelo, MS</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional) <u>TV Advertising</u>	Aggregate Year-to-date	\$ <u>8976<sup>75</sup></u>
B. Full name <u>Blue Dot Group</u>	Date (Mo., Day, Year) <u>11/5/10</u>	Amount of each disbursement this period \$ <u>6,500</u>
Mailing Address		
City, State, Zip Code <u>Jackson, MS</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional) <u>Phone and mail cost</u>	Aggregate Year-to-date	\$ <u>26,660<sup>93</sup></u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Committee to Elect Kelly Mims  
 Reporting period Oct. 1 through Dec 31 (Termination)

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Wilber Colom</u>		<u>10/1/10</u>	\$ <u>500</u>
Mailing Address _____		<u>  /  /  </u>	\$
City, State, Zip Code _____		<u>  /  /  </u>	\$
Name of Employer (Required) <u>Colom Law Firm</u>		<u>  /  /  </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>500</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Wheeler &amp; Franks Law Firm</u>		<u>10/17/10</u>	\$ <u>1000</u>
Mailing Address _____		<u>  /  /  </u>	\$
City, State, Zip Code _____		<u>  /  /  </u>	\$
Name of Employer (Required) _____		<u>  /  /  </u>	\$
Occupation (Required) <u>Law Firm</u>		Aggregate year-to-date	\$ <u>1000</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Moffett Law Firm</u>		<u>10/17/10</u>	\$ <u>500</u>
Mailing Address _____		<u>  /  /  </u>	\$
City, State, Zip Code _____		<u>  /  /  </u>	\$
Name of Employer (Required) _____		<u>  /  /  </u>	\$
Occupation (Required) <u>Law Firm</u>		Aggregate year-to-date	\$ <u>500</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jason Lee Shelton</u>		<u>10/17/10</u>	\$ <u>500</u>
Mailing Address _____		<u>10/18/10</u>	\$ <u>500</u>
City, State, Zip Code _____		<u>  /  /  </u>	\$
Name of Employer (Required) <u>Shelton &amp; Assoc.</u>		<u>  /  /  </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>2750</u>

Name of Candidate or Committee Committee to Elect Kelly Mims  
 Reporting period \_\_\_\_\_ through \_\_\_\_\_

# ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Akins and Adams</u>		<u>10 / 11 / 10</u>	\$ <u>500</u>
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Law Firm</u>		Aggregate year-to-date	\$ <u>500</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Larry Mims</u>		<u>10 / 18 / 10</u>	\$ <u>1000</u>
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Retired</u>		Aggregate year-to-date	\$ <u>1100</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Loan to Self</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Kelly L. Mims</u>		<u>10 / 1 / 10</u>	\$ <u>4000</u>
Mailing Address _____		<u>10 / 18 / 10</u>	\$ <u>4000</u>
City, State, Zip Code _____		<u>10 / 22 / 10</u>	\$ <u>5000</u>
Name of Employer (Required) <u>Mims &amp; Logan</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>24,200</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$